
Fairfax County Health Department
Application for Volunteer Positions
Page 2

6. PPD Status: Date: _____ Results: _____

7. Chest X-Ray: Date: _____ Results: _____

8. What prompted you to volunteer for the Health Department?

9. Describe any recent or past experience in volunteer work.

10. References:

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fairfax County Health Department
Application for Volunteer Positions

I agree to fulfill the following conditions:

1. I will participate in training as per volunteer duties.
2. I will work under supervision, and accept directions from my supervisor.
3. I will maintain my stated schedule.
4. I will notify my supervisor in advance of any needed change in schedule.
5. I will follow the stated Agency policies, procedures and program.
6. I will expect to perform, and be treated, as a regular staff member.

Signature

Date

Agency Representative

Date

Send Application to:

Volunteer Agency Coordinator
Fairfax County Health Department
1850 Cameron Glen Drive, Suite 100
Reston, VA 22090
Or

FAX to: (703) 787-8278